



CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450	Application Number	10/780,560
	Filing Date	February 19, 2004
	First Named Inventor	Christopher J. MANZINI
	Art Unit	3618
	Examiner Name	John Daniel Walters
	Attorney Docket Number	044159-001000

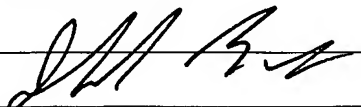
Please change the Correspondence Address for the above-identified application to: <input checked="" type="checkbox"/> Customer Number 22204 → <i>Type Customer Number here</i>	<i>Place Customer Number Bar Code Label here</i>
--	--

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		ZIP	
Country					
Telephone			Fax		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Certificate under 37 CFF 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 39,019
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Type or Printed Name	Jeff E. Schwartz
Signature	
Date	March 28, 2007

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

<input type="checkbox"/> *Total of _____ forms are submitted.
